

# MONTANA STATE BOARD OF NURSING

DEPARTMENT OF LABOR & INDUSTRY

301 S PARK

PO BOX 200513

HELENA MT 59620-0513

FAX (406) 841-2305 PHONE (406) 841-2340 or 841-2344

## EMPLOYER EVALUATION REPORT

Reporting Period: \_\_\_\_\_

1. Probationer's Name: \_\_\_\_\_

2. Name of Facility: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

3. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

4. Current Position: \_\_\_\_\_

5. Clinical Assignments: \_\_\_\_\_

6. Duty Hours: \_\_\_\_\_

7. Evaluation: \_\_\_\_\_

(a) Charting: \_\_\_\_\_

\_\_\_\_\_

(b) Judgement: \_\_\_\_\_

\_\_\_\_\_

(c) Attitude: \_\_\_\_\_

\_\_\_\_\_

(d) Behavior: \_\_\_\_\_

\_\_\_\_\_

(e) Work Assignments: \_\_\_\_\_

\_\_\_\_\_

(f) Problems: \_\_\_\_\_

\_\_\_\_\_

(g) Other: \_\_\_\_\_

\_\_\_\_\_

8. Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

9. I have read this probation report for this quarter:

\_\_\_\_\_  
(D.N.S. Signature and Date)

Employer evaluation reports must be submitted to the Board to insure Licensee's compliance with the conditions of licensee's probation.

